



**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

TWO SOUTH STATION
BOSTON, MA 02110
(617) 305-3580
www.mass.gov/dtc

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

DANIEL O'CONNELL
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

DANIEL C. CRANE
DIRECTOR OF CONSUMER AFFAIRS
AND BUSINESS REGULATION

SHARON E. GILLET
COMMISSIONER

***Annual Return and Revenue Statement (Combo Return)
for calendar year ending December 31, _____***

1. Exact legal name of the registered company is _____
2. Doing business as (dba) in MA, if any _____
3. Federal Employee Identification No. (FIN) _____
4. Address of its principal office is _____

5. Address of its regulatory office, if different from principal office _____

6. Mailing address, if different from above _____

7. Main/General Telephone Number _____
8. Has company changed its registered and/or operating name(s) during the calendar year?
[] No [] Yes If 'yes' provide the following information:

Previous name(s)	dba	FIN	Date changed/reason
------------------	-----	-----	---------------------

_____	_____	_____	_____
_____	_____	_____	_____

9. Is this filing a combined return? [] No [] Yes If 'yes' provide the following information:

Name(s) of joint filer(s)

FIN(s)

10. Date and state of incorporation _____

11. Long-term debt \$ _____ Short-term debt \$ _____

12. Capital stock authorized \$ _____ Capital stock outstanding \$ _____

13. Dividends paid out \$ _____ Dividends declared \$ _____

14. Briefly describe company's business operations in MASSACHUSETTS.

Signature and Oath of Treasurer and Chief Accounting Officer

We hereby certify that all statements contained in this return are full, just and true on this,
the _____ day of _____, in the year _____.

Treasurer:

Name (typed or printed)

Signature

Chief Accounting Officer:

Name (typed or printed)

Signature

If signatures of the above two parties were affixed outside of the Commonwealth of Massachusetts, they must be properly sworn to, in person, as attested to by a Notary Public or Justice of the Peace:

Signature

Address (city, state and Zip Code)

Name (typed or printed)

My commission expires on: _____

mm/yyyy

Revenue Statement

1. *Exact legal* name of reporting company _____
2. dba in MA, if any _____
3. Federal Employee Identification Number (FEIN) _____
4. If filing a combined revenue statement, list registered name and FINs of **all** joint filers:

Registered name(s)

dba

FIN

5. MA intrastate operating revenue \$ _____
6. MA intrastate operating expenses \$ _____

CONTACT INFORMATION

Questions concerning the information provided in this return, and **regulatory assessments should be directed to:**

[] *Please check if the contact information has changed since last filing.*

Contact person/title

Address

Contact person telephone number _____ Contact person E-mail address

I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.

Date _____

Signature

Name/Title (typed or printed)

There is a \$5 filing fee. Please issue a check made payable to the Comm of MA-DTC.

Do not staple the check to the forms.

Mail the original plus two (2) copies of the completed **Annual Return and Revenue Statement**, with the \$5 check, plus two (2) photocopies of the check to:

**Office of Consumer Affairs & Business Regulation
MA Department of Telecommunication & Cable
Attn: Competition Division
Two South Station
Boston, MA 02110**